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Director

# State of California—Health and Human Services Agency California Department of Public Health



ARNOLD SCHWARZENEGGER  
Governor

## APPLICATION FOR WATER TREATMENT OPERATOR EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE

- The Water Treatment Operator Examination, Re-Examination, or Examination for Restricted Certificate Application form (CDPH 8629 (7/08)) must be filled out **completely** and postmarked by the final filing date of the examination you wish to participate in. For an application to be considered complete the following **must** be provided:
  - Personal information (name, date of birth, high school information, etc.),
  - Legible photocopies** of an **official transcript** or **certificate of completion** (noting the number of hours/units of training completed) if specialized training is a requirement for the examination you wish to take. **These are the only acceptable forms of verification of completion of a course.**
  - A check or money order made out to CDPH-OCP.
  - Your original signature (preferably in blue ink)

**ALL INFORMATION MUST BE COMPLETED ON THE APPLICATION AND COURSEWORK VERIFIED EVEN IF YOU HAVE PREVIOUSLY SUBMITTED IT ON A TREATMENT/DISTRIBUTION APPLICATION.**

- All minimum educational qualifications must be met by the final filing date of the exam you wish to participate in.** If you are still attending a specialized training course at the time your application is submitted, your application will be rejected.
- If you are not sure of the requirements for a particular grade, either refer to the Regulations or contact this office for clarification before submitting your application as **FILING FEES ARE NONREFUNDABLE.**

### EXAMINATION FEES

Grade 1 = \$50.00	Grade 2 = \$65.00	Grade 3 = \$100.00	Grade 4 = \$130.00	Grade 5 = \$155.00
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### RE-EXAMINATION FEES (If previously failed)

Grade 1 = \$30.00	Grade 2 = \$45.00	Grade 3 = \$70.00	Grade 4 = \$95.00	Grade 5 = \$120.00
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- Mail completed application and filing fee to:

California Department of Public Health  
Operator Certification, MS# 7417  
P.O. Box 997377  
Sacramento, CA 95899-7377  
PH: (916) 449-5611  
FX: (916) 449-5654

### PROPOSED EXAM SITES (Grades 1–4)

Eureka	Los Angeles	Sacramento	San Diego	Santa Barbara
Fresno	Redding	San Bernardino/Riverside Area	San Jose	Vallejo

**GRADE 5 EXAM SITES:** Northern California/Southern California

**\* Exam sites are in the general vicinity of the cities listed and are subject to change.**

Grade Level	Minimum Qualifications for Examination
<b>T1</b>	<ul style="list-style-type: none"> <li>• High School or GED*</li> </ul>
<b>T2</b>	<ul style="list-style-type: none"> <li>• High School or GED*</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• <b>One 36-contact-hour (3-unit)</b> in drinking water treatment.</li> </ul>
<b>T3</b>	<ul style="list-style-type: none"> <li>• High School or GED*</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• <b>Two 36-contact-hour (3-unit)</b> courses of specialized training; one of which is in drinking water treatment and a second course in either drinking water treatment, wastewater treatment, or distribution.</li> </ul>
<b>T4</b>	<ul style="list-style-type: none"> <li>• A valid grade T3 operator certificate.</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• <b>Two 36-contact-hour (3-unit)</b> courses of specialized training in drinking water treatment <b>and</b> a third course in either drinking water treatment, wastewater treatment, or distribution.</li> </ul>
<b>T5</b>	<ul style="list-style-type: none"> <li>• A valid grade T4 operator certificate.</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• <b>Two 36-contact-hour (3-unit)</b> courses of specialized training in drinking water treatment <b>and</b> two additional courses in either drinking water treatment, wastewater treatment, or distribution.</li> </ul>

\* **High school/GED** equivalency for **grades 1 and 2 ONLY** can be fulfilled with **1 year** as an operator of a facility that required an understanding of a piping system that included pumps, valves, and storage tanks.

For more information about specialized training, please visit our website at  
<http://www.cdph.ca.gov/certlic/occupations/Pages/DWopcert.aspx>

## APPLICATION FOR WATER TREATMENT OPERATOR EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE

Operator number		Exam results		Date received	
Application approved for: T1      T2      T3      T4      T5					
Acknowledgement sent	Approval sent				
Application <b>NOT</b> approved:		Certificate dated		Certificate sent	
<input type="checkbox"/> Insufficient specialized training/verification <input type="checkbox"/> High school/GED information incomplete					
Comments					

### PLEASE DO NOT WRITE ABOVE THIS LINE

*Please type or print legibly in ink.*

### 1. PERSONAL INFORMATION

Full Legal Name (last, first, middle initial, suffix)			Date of birth		Social Security number	
Mailing address (number, street)			City		State	ZIP code
Work telephone number ext.		Home telephone number			Cellular telephone number	
Are you currently certified by the State of California as a <b>potable water treatment operator</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No				Operator number		Grade

### 2. EXAMINATION INFORMATION

Grade T1	Grade T2	Grade T3	Grade T4	Grade T5
<input type="checkbox"/> Exam \$50	<input type="checkbox"/> Exam \$65	<input type="checkbox"/> Exam \$100	<input type="checkbox"/> Exam \$130	<input type="checkbox"/> Exam \$155
<input type="checkbox"/> Re-Exam \$30 (if previously failed)	<input type="checkbox"/> Re-Exam \$45 (if previously failed)	<input type="checkbox"/> Re-Exam \$70 (if previously failed)	<input type="checkbox"/> Re-Exam \$95 (if previously failed)	<input type="checkbox"/> Re-Exam \$120 (if previously failed)

### \* Preferred exam site (see cover page for a list of exam sites):

Do you have an ADA Title I disability/impairment for which you may need assistance during the exam? ☐ Yes ☐ No  
*-If yes, please enclose a letter (from a professional authorized to make such assessments) that describes the specific accommodations that will be required.*

Please indicate if your religious beliefs prevent you from taking an exam on Saturday. ☐ Yes ☐ No  
*-If yes, please enclose a letter from your church stating that you are a member in good standing, and why you cannot participate in a Saturday examination.*

### 3. EDUCATION

Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>OR</b> Did you obtain a GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date (month/year)	Name of high school	Location (city/state)

**T1 or T2 applicants ONLY**, if you do not have a high school diploma or GED certificate, you must have one year of experience as an operator of a facility that requires an understanding of chemical feeds, hydraulic systems, or pumps. **This experience must be verified with a copy of your utility's official job description.**

From (mm/yy)	To (mm/yy)	Name and address of employer	Supervisor's name
			Supervisor's telephone number

#### 4. SPECIALIZED TRAINING (For grades 2–5 applicants only. Grade 1 applicants proceed to item 5.)

You must fill in the course information below and attach legible copies of **OFFICIAL TRANSCRIPTS** or **CERTIFICATES OF COMPLETION** as proof of attainment of the required course work (certificates of completion must include the number of hours of instruction completed). *Please include only that information which verifies completion of the required course work.* **PLEASE NOTE: COPIES OF REPORT CARDS OR UNOFFICIAL TRANSCRIPTS ARE NOT ACCEPTABLE VERIFICATION OF COURSE WORK.**

**Each course must be a minimum of 3 units or 36 hours of continuous formal instruction and must be provided by an organization accredited by the International Association of Continuing Education Training (IACET).**

**T2 applicants:** One course in drinking water treatment

**T3 applicants:** Two courses, one of which must be in drinking water treatment, while the general course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

**T4 applicants:** Three courses, two of which must be in drinking water treatment, while the general course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

**T5 applicants:** Four courses, two of which must be in drinking water treatment, while the two general courses can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

#### Drinking Water Treatment

Course title	Units/hours	Date completed
Instructor's name	College or organization	
Course title	Units/hours	Date completed
Instructor's name	College or organization	

#### General Course (as stated above)

Course title	Units/hours	Date completed
Instructor's name	College or organization	
Course title	Units/hours	Date completed
Instructor's name	College or organization	

#### 5. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above-named applicant; that all statements made on this application are true and correct; that I understand that any misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted, pursuant to Section 106876 of the Health and Safety Code.

\_\_\_\_\_  
**Original Signature (Please sign in blue ink)** (Photocopies NOT accepted)

\_\_\_\_\_  
**Date**

#### PRIVACY ACT DISCLOSURE

This information is required by the California Department of Public Health, Drinking Water Technical Programs Branch. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Section 63810. All information required on the application form must be provided by the applicant. Failure to complete any portion of this form may result in delay or denial of eligibility for examination and/or certification. The information provided is used to evaluate the applicant's eligibility for examination as a water treatment facility operator. No transfers of this information are anticipated. For more information, or access to your records, contact the California Department of Public Health, Drinking Water Programs, Operator Certification Unit, MS# 7417, P.O. Box 997377, Sacramento, CA 95899-7377; telephone number (916) 449-5611.